MONTANA WIC PROGRAM REQUEST FOR MEDICALLY NECESSARY WIC APPROVED FORMULAS

Participant Name:	Date of Birth:	Today's Date:				
Please complete Parts A and B to prescribe a Medical Formula. To prescribe Goat Milk or Soy Beverage for a child, please complete Part C.						
A. Medical Formulas						
Please specify the amount of formula prescribed and check the requested formula, the diagnosis and the length of time the formula is necessary.						
Prescribed Amount: Maximum Allowable OR per day						
Type of Formula:		T				
Hypoallergenic Formulas (For Infants, Children and Women)	Diagnosis	Length of Time Formula is Required				
□ Alimentum	☐ Milk and/or soy protein allergy and/or	\square 1 Month \square 2 Months				
□ Nutramigen Enflora LGG	☐ Malabsorption and/or	□ 3 Months □ 4 Months				
□ Pregestimil LIPIL	□ Other:					
□ Elecare		\square 5 Months \square 6 Months				
□ Neocate						
Premature Infant Formulas	Diagnosis	Length of Time Formula is Required				
☐ Enfacare LIPIL	Drawat with	□ 1 Month □ Months				
	□ Prematurity	☐ To 9 Months of age				
□ Neosure Formulas for Children 1-5 years	Diagnosis	Length of Time Formula is Required				
□ Pediasure	☐ Tube Feeding	□ 1 Month				
□ Pediasure with Fiber	☐ Oral Motor Feeding Problems					
□ Other	☐ Increased calorie needs due to:	□ 2 Months				
	(Medical condition)	□ 3 Months				
☐ Similac Advance EarlyShield	Continued need for standard infant formula due to:	□ 4 Months				
☐ Similac Sensitive	□ Tube Feeding	□ 5 Months				
☐ Similac Sensitive R.S.	☐ Oral Motor Feeding Problems					
☐ Isomil Advance	☐ Premature Infant (to 1 yr. adjust age)	□ 6 Months				
Other Medical Formulas (For Infants,	Diagnosis	Length of Time Formula is Required				
Children and Women)		□ 1 Month □ 2 Months				
□ Other:	□ Other:	□ 3 Months □ 4 Months				
differ	d one	□ 5 Months □ 6 Months				
B. Supplemental Foods (for Infants 6 m						
Infants (6-12 months)	ued on the back and check the appropriate issuance Children and Women	Special Instructions/Restrictions				
□ Provide the full food package	□ Provide the full food package					
☐ Do not provide any foods at this time; issue medical formula only	☐ Do not provide any foods at this time; issue medical formula only					
☐ Provide a modified food package	□ Provide a modified food package including the foods checked below:					
including the foods checked below: ☐ Infant Cereal	toods checked below: □ Low-Fat Milk □ Whole Milk					
☐ Infant Vegetables/Fruits	☐ Cheese ☐ Soy Beverage					
	☐ Juice ☐ Cereal					
	□ Peanut Butter □ Dry/Canned Beans					
	☐ Bread/Brown Rice/Tortillas					
	□ Tuna/Salmon					
C. Soy Beverage and Goat Milk for Children						
Issue soy beverage as a milk substitute for a child with a qualifying condition of milk allergy, lactose intolerance or vegan diet (circle reason)						
Issue goat milk as a milk substitute for a child with a qualifying condition of intolerance to cow milk						

Health Care Provider Name (Printed):______(Signature):_____Phone Number:_____

Prescribing Medical Formula and Supplemental Foods For Montana WIC Participants

WIC participants with qualifying medical conditions are eligible to receive medical formula with the maximum amount based on the participant's age and category. Infants six months and older, children and women may also receive supplemental foods for their category, as listed below.

If a participant may receive the full amount of formula as listed below, please check the "Maximum Allowable" box under Medical Formula (Part A) on the front page. If a participant is to receive less, please designate the prescribed amount in the same box.

For Supplemental Foods, Part B, please review the WIC supplemental foods below and indicate on the front page which foods are most appropriate for the participant to receive. If a participant may receive the full food package, please mark the box indicating this. If a participant may receive a modified food package, please check the foods the participant may receive from the list on the front page.

	0-3 months	4-6 months	7-12 months	7-12 months (when solids are contraindicated)
Medical Formula:				
Powder (reconstituted)	Up to 870 oz.	Up to 960 oz.	Up to 696 oz.	Up to 960 oz.
Concentrate (reconstituted)	Up to 806 oz.	Up to 884 oz.	Up to 624 oz.	Up to 884 oz.
Ready-to-feed	Up to 832 oz.	Up to 896 oz.	Up to 640 oz.	Up to 896 oz.
Infant Foods:				
Infant Cereal	None	None	3 8-oz. containers	None
Infant Vegetables/Fruits	None	None	32 4-oz. jars	None

Children 1-4 years		
Up to 910 oz. Formula		
4 gallons Milk or		
3 gallons Milk and 1 lb.		
Cheese		
2 64-oz. bottles Juice		
36 oz. Cereal		
1 dozen Eggs		
\$6 Fruit and Vegetable		
Benefit		
18 oz. Peanut Butter (for		
children 2 years and older)		
or 1 lb. Dry Beans or 4 16-		
oz. cans Beans		
2 lb. Whole Wheat Bread or Brown Rice or Whole Wheat Tortillas or Soft Corn Tortillas		

Fully Breastfeeding Women	Pregnant or Substantially Breastfeeding Women	Partially and Non- Breastfeeding Women
Up to 910 oz. Formula	Up to 910 oz. Formula	Up to 910 oz. Formula
6 gallons Milk and	5 1/2 gallons Milk or	4 gallons Milk or
1 lb. Cheese or	4 1/2 gallons Milk and	3 gallons Milk and
5 gallons Milk and	1 lb. Cheese	1 lb. Cheese
2 lb. Cheese		
3 12-oz. Frozen Juice	3 12-oz. Frozen Juice	2 12-oz. Frozen Juice
36 oz. Cereal	36 oz. Cereal	36 oz. Cereal
2 dozen Eggs	1 dozen Eggs	1 dozen Eggs
\$10 Fruit and	\$8 Fruit and	\$8 Fruit and
Vegetable Benefit	Vegetable Benefit	Vegetable Benefit
18 oz. Peanut Butter	18 oz. Peanut Butter	18 oz. Peanut Butter
AND 1 lb. Dry Beans	AND 1 lb. Dry Beans	or 1 lb. Dry Beans or
or 4 16-oz. cans	or 4 16-oz. cans	4 16-oz. cans Beans
Beans	Beans	
1 lb. Whole Wheat	1 lb. Whole Wheat	
Bread or Brown Rice	Bread or Brown Rice	
or Whole Wheat	or Whole Wheat	None
Tortillas or Soft Corn	Tortillas or Soft Corn	
Tortillas	Tortillas	
30 oz. Tuna or Pink Salmon	None	None

Please contact your local WIC agency with any questions regarding prescribing medical formulas and supplemental foods for WIC participants.